| DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH CARE FINANCING ADMINISTRATION  |   | FORM APPROVED<br>OMB NO. 0938-0193 |
|---|---|------------------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF   | 1. TRANSMITTAL NUMBER:  | 2. STATE:                          |
| STATE PLAN MATERIAL   | 0 0 - 0 2 6   | MN                                 |
| FOR: HEALTH CARE FINANCING ADMINISTRATION   | 3. PROGRAM IDENTIFICATION: TITI SECURITY ACT (MEDICAID)                   | E XIX OF THE SOCIAL                |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES   | 4. PROPOSED EFFECTIVE DATE October 1, 2000                                |                                    |
| 5. TYPE OF PLAN MATERIAL (Check One):   | 1 OCTOBER 1, 2000   |                                    |
| ☐ NEW STATE PLAN ☐ AMENDMENT TO BE CO   | ONSIDERED AS NEW PLAN 🛛 A   | MENDMENT                           |
| COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME   | NDMENT (Separate Transmittal for each am                                  | endment)                           |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br>§1902(a)(10)(A)(ii)(XV)  | 7. FEDERAL BUDGET IMPACT:  a. FFY '01                                     |                                    |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: 23c & 23d of Attachment 2.2-A   | 9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable):              | EDED PLAN SECTION                  |
| 12c, 12d - 12g, 12n & 12o of Attachment 2.6-A   | Attachment 2, 2-A.  | pare 23c                           |
| 2 of Supplement 8a, and 2 of Supplement 8b to<br>Attachment 2.6-A   | $\int \frac{d^2y}{dy} dy = \int \frac{dy}{dy} dy = \int \frac{dy}{dy} dy$ | age 12c                            |
| Attachment 2.0-A  | Supplement 89, pag  | 1 2 of AH 2.6-A                    |
|   | Supplement 80, pag  | e2 of A++ 2.6-1                    |
| 10. SUBJECT OF AMENDMENT:   |   |                                    |
| Adoption of basic coverage group under TWWIIA the BBA buy-in group for employed persons wit   |   |                                    |
| 22.1 22) 2.1 82.04F 2.2 2F 2 |   |                                    |
| 11. GOVERNOR'S REVIEW (Check One):  |   |                                    |
| GOVERNOR'S OFFICE REPORTED NO COMMENT   | OTHER, AS SPECIFIED:  |                                    |
| COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  |   |                                    |
| ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL   |   |                                    |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:   | 16. RETURN TO:  |                                    |
| 13. TYPED NAME: 1   | Charles Cabassata   |                                    |
| Mary B. Kennedy   | Stephanie Schwartz<br>Department of Human Service                         | S                                  |
| 14. TITLE:  | 444 Lafayette Road  |                                    |
| Medicaid Director   | St. Paul, MN 55155  |                                    |
| 15. DATE SUBMITTED:<br>December 14, 2000  |   |                                    |
| 17. DATE RECEIVED:  | FICE USE ONLY   |                                    |
| 12/19/00 ***********************************  |   |                                    |
| PI AN APPROVED - C  19. EFFECTIVE DATE OF APPROVED MATERIAL:  | NE COPY ATTACHED<br>20. SIGNATURE OF REGIONAL OFFICIAL                    | •                                  |
| October 1, 2000   |   |                                    |
| 21. TYPED NAME:   | 22. TITLE: Associate Regional Add   | ministrator                        |
| Cheryl A. Harris  | Division of Medicaid and Chi  |                                    |
| 23. REMARKS:  |   |                                    |
|   | RECEIV  |                                    |

FORM HCFA-179 (07-92)

DEC 1 9 2000

DMIO - MI/MN/WI

## MINNESOTA MEDICAL ASSISTANCE

Federal Budget Impact of State Plan Amendment TN 00-26

The Department anticipates no fiscal impact due, or minimal fiscal impact no greater than \$100,000 due to the proposed amendment **TN 00-26** that converts the existing category of disabled persons who are employed from the optional category under the Balanced Budget Act of 1997 to the optional basic coverage group under the Ticket to Work and Work Incentive Improvement Act of 1999.

Revision: HCFA-PM-(BPD) ATTACHMENT 2.2-A Page 23c

OMB NO.:

| State:                                  | MINN     | VESOTA | Α                  |   |  |
|---|----------|--------|--------------------|---|--|
| Agency* Citation(s)                     |          | G      | roups Covered      |   |  |
|   | В.       | Option | nal Groups Other T | Than the Medical continued)                               | lly Needy  |
| 1902(a)(10)(A)<br>(ii)(XIII) of the Act | <u>*</u> | 20.    | family of the size | cent of the Feder<br>involved and w<br>criteria for recei | al poverty level for a ho, except for earned ving benefits under the |

TN No. <u>00-26</u> Approval Date \_\_\_\_\_ Effective Date \_\_\_\_\_101/00 Supersedes HCFA ID:

TN No. <u>99-07</u>

Revision:

ATTACHMENT 2.2-A PAGE 23d OMB NO.:

|   | State/Territor      | ry: Minnesota   |
|---|---------------------|---|
| Citation                                | Grou                | ps Covered  |
| B.                                      | Optional Groups Otl | ner Than the Medically Needy (Continued)  |
| 1902(a)(10)(A)<br>(ii)(XIII) of the Act | [] 23.              | BBA Work Incentives Eligibility Group - Individuals with a disability whose net family income is below 250 percent of the Federal poverty level for a family of the size involved and who, except for earned income, meet all criteria for receiving benefits under the SSI program. See page 12c of Attachment 2.6-A |
| 1902(a)(10)(A)<br>(ii)(XV) of the Act   | [X] 24.             | TWWIIA Basic Coverage Group - Individuals with a disability at least 16 but less than 65 years of age whose income and resources do not exceed a standard established by the State. See page 12d of Attachment 2.6-A.   |
| 1902(a)(10)(A)<br>(ii)(XVI) of the Act  | [] 25.              | TWWIIA Medical Improvement Group - Employed individuals at least 16 but less than 65 years of age with a medically improved disability whose income and resources do not exceed a standard established by the State. See page 12h of Attachment 2.6-A.  |
|   |                     | NOTE: If the State elects to cover this group, it MUST also cover the Basic Coverage Group described in no. 24 above.   |
| TN No. 00-26 Supersedes TN No. MA       | Approval Da         | teEffective Date: 10/1/00<br>HCFA ID:   |

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| 1/ | CVI | 21 | $\mathbf{o}$ |   |

ATTACHMENT 2.6-A Page 12c

|   |     | OMB No.:  |  |  |
|---|-----|---|--|--|
| State/Territory: _Minnesota             |     |   |  |  |
| Citation                                |     | Condition or Requirement  |  |  |
| 1902(a)(10)(A)<br>(ii)(XIII) of the Act | (i) | Working Individuals with Disabilities - BBA  In determining countable income and resources for working individuals with disabilities under the BBA, the following   |  |  |
|   |     | methodologies are applied:  |  |  |
|   |     | The methodologies of the SSI program.   |  |  |
|   |     | The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 (income) and/or Supplement 5 (resources) to Attachment 2.6-A.                     |  |  |
|   |     | The agency uses more liberal income and/or resource methodologies than the SSI program.  More liberal methodologies are described in Supplement 8a to Attachment 2.6-A. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A. |  |  |
|   |     |   |  |  |
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TN No. <u>00-26</u> Supersedes
TN No. N/A

Approval Date: \_\_\_\_\_ Effective Date: 10/1/00

HCFA ID:

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| 1/ | CV. | 13  | ш  |          | 11 |   |

ATTACHMENT 2.6-A Page 12d

|                                       |                |               | OMB No.:  |
|---------------------------------------|----------------|---------------|---|
|                                       | State/Territor | y: <u>Mir</u> | nnesota   |
| Citation                              |                |               | Condition or Requirement  |
| 1902(a)(10)(A)<br>(ii)(XV) of the Act | (ii)           | -             | ing Individuals with Disabilities - Basic<br>rage Group - TWWIIA  |
|                                       |                | with d        | ermining financial eligibility for working individuals lisabilities under this provision, the following ards and methodologies are applied: |
|                                       |                |               | The agency does not apply any income or resource standard.  |
|                                       |                |               | NOTE: If the above option is chosen, no further eligibility-related options should be elected.  |
|                                       |                | <u>X</u>      | The agency applies the following income and/or resource standard(s):  |
|                                       |                |               | No income standard is applied.  |
|                                       |                |               | The resource standard is \$20,000 in nonexcluded resources.   |
|                                       |                |               |   |
|                                       |                |               | RECEIVED  |
|                                       |                |               | JUN 1 5 2001  |
|                                       |                |               | DMCH - MIMINIVI   |
| TN No. <u>00-26</u><br>Supersedes     | Annequal D     | ate           | Effective Date: 10/1/00   |
| TN No. N/A                            | Approval D     | ate           | HCEA ID:  |

| Revision:                                     | ATTACHMENT 2.6-A Page 12e OMB No.:  |
|---|---|
| State/Territory:                              | Minnesota   |
| Citation                                      | Condition or Requirement  |
| 1902(a)(10)(A)<br>(ii)(XV) of the Act (cont.) | Income Methodologies  |
|   | In determining whether an individual meets the income standard described above, the agency uses the following methodologies.  |
|   | The income methodologies of the SSI program.  |
|   | The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A. |
|   | X The agency uses more liberal income methodologies than the SSI program. More liberal income methodologies are described in Supplement 8a to Attachment 2.6-A.                               |
|   |   |
| TN No. <u>00-26</u>                           |   |

Approval Date \_\_\_\_\_

Supersedes
TN No. N/A

Effective Date: 10/1/00 HCFA ID:

| Revision: |  |  |  |
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ATTACHMENT 2.6-A Page 12f

|  |                    |   | OMB No.:   |  |  |  |
|--|--------------------|---|--|--|--|--|
| :  | State/Territory: _ | Minnesota   | <u> </u>   |  |  |  |
| Citation   |                    | Condi   | tion or Requirement  |  |  |  |
| 1902(a)(10)(A)<br>(ii)(XV) of the Act (co        | nt.)               | Resou   | rce Methodologies  |  |  |  |
| (ii)(ii) of the rect (cont.)                     |                    | In determining whether the individual meets resource standard described above, the agend the following methodologies. |  |  |  |  |
|  |                    | agency the Ac funds accoun accoun such a pension  | s one of the following items is checked the y, under the authority of section 1902(r)(2) of et, disregards all funds held in retirement and accounts, including private retirement atts such as IRAs and other individual atts, and employer-sponsored retirement plans at 401(k) plans, Keogh plans, and employer on plans. Any disregard involving retirement atts is separately described in Supplement 8b achment 2.6-A. |  |  |  |
|  |                    | <del></del> ,   | The agency disregards funds held in employer-sponsored retirement plans, but not private retirement plans.   |  |  |  |
|  |                    | <u>X</u>  | The agency disregards funds in retirement accounts in a manner other than those described above. The agency's disregards are specified in Supplement 8b to Attachment 2.6-A.   |  |  |  |
| TN No. <u>00-26</u> Supersedes TN No. <u>N/A</u> | Approva            | l Date  | Effective Date: 10/1/00 HCFA ID:   |  |  |  |

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ATTACHMENT 2.6-A

Page 12g OMB No.:

| Citation                                      | Condition or Requirement  |  |  |
|---|---|--|--|
| 1902(a)(10)(A)<br>(ii)(XV) of the Act (cont.) | The agency does not disregard funds in retirement accounts.   |  |  |
|   | X The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More liberal resource methodologies are described in Supplement 8b to Attachment 2.6-A. |  |  |
|   | The agency uses the resource methodologies of the SSI program.  |  |  |
|   | The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.                              |  |  |

| TN No. 00-26 |                |                         |
|--------------|----------------|-------------------------|
| Supersedes   | Approval Date: | Effective Date: 10/1/00 |
| TN No. N/A   |                | HCFA ID:                |

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ATTACHMENT 2.6-A Page 12n OMB No.:

| OMB 110   |   |  |
|---|---|--|
| State/Territory: Minnesota                                    |   |  |
| Citation  | Condition or Requirement  |  |
| 1902(a)(10)(A)(ii)<br>(XV), and 1916(g)<br>of the Act (cont.) | For individuals eligible under the Basic Coverage Group described in No. 24 on page 23d of Attachment 2.2-A:  |  |
|   | NOTE: Regardless of the option selected below, the agency MUST require that individuals whose annual adjusted gros income, as defined under IRS statute, exceeds \$75,000 pay 100 percent of premiums.  |  |
|   | _X The agency requires individuals to pay premiums of other cost-sharing charges on a sliding scale based of income. For individuals with net annual income below 450 percent of the Federal poverty level for a family of the size involved, the amount of premium cannot exceed 7.5 percent of the individual's income. |  |
|   | The premiums or other cost-sharing charges, and how they are applied, are described on page 12o.  |  |

| TN No. <u>00-26</u> |                |    |
|---------------------|----------------|----|
| Supersedes          | Approval Date: | Ef |
| TN No. <u>99-07</u> |                | H  |

Effective Date: 10/1/00

HCFA ID:

| Revision:   | ATTACHMENT 2.6-A Page 12o OMB No.:  |
|---|---|
| State/Terri   | itory: <u>Minnesota</u>   |
| Citation  | Condition or Requirement  |
| Sections 1902(a)(10)(A)<br>(ii)(XV) and 1916(g)<br>of the Act (cont.) | Premiums and Other Cost-Sharing Charges   |
|   | For the Basic Coverage Group the agency's premium or other cost-sharing charges, and how they are applied, are described below.   |
|   | Payment of a premium applies to an individual who has gross income greater than 200 percent of the federal poverty level by family size. The premium amount is 10 percent of the amount of gross income that is above 200 percent of poverty by family size. No other cost-sharing charges apply. |
|   |   |
| _   |   |
| TN No. <u>00-26</u> Supersedes Ap TN No. <u>N/A</u>                   | pproval Date: Effective Date: 10/1/00 HCFA ID:  |

Revision:

HCFA-PM-91-4 (BPD) SUPPLEMENT 8a TO ATTACHMENT 2.6-A AUGUST 1991 Page 2

| POLICY   | HOW POLICY IS MORE LIBERAL  | GROUPS TO WHICH POLICY IS APPLIED  |
|--|---|--|
| Pregnant women and infants disregard. For families with earned income only, the State will disregard income in the amount of 90% of the federal poverty level for the size family involved as revised annually in the Federal Register rather than the \$90 disregard plus the following amounts:  Household Size Disregard  1 \$136 2 140 3 145 4 149 5 156 6 161 7 165 8 170 9 177 10 181 Each add'l person 5  For families with unearned income only, the State will disregard income in the amount of 90% of the federal poverty level for the size family involved as revised annually in the Federal Register. | AFDC applies earned income disregards of \$30 plus 1/3 of the remainder and \$90.   | Pregnant women and infants poverty level group. § 1902(a)(10)(A)(i)(IV).   |
| Employed disabled family income disregard. In step one, disregard earned and unearned income of the employed disabled person, and other family members.  | Eligibility for the working disabled person uses a not income test of family income at or below 250% of the federal poverty level for the family size after application of SSI income disregards and exemptions.  | Working Disabled Buy In §1902(a)(10)(A)(ii)(XIII)  |
| Employed disabled and spouse income disregard. In step two, disregard all uncarned income of the disabled person and do not deem carned and uncarned income of the incligible spouse.  | Step two of the eligibility determination for the disabled person applies SSI income methods to determine if the individual would, but for earnings in excess of the limit in \$1905(q)(2)(B), be eligible to receive SSI benefits, including deeming income of the ineligible spouse to the disabled person. | Working Disabled Buy In §1902(a)(10)(A)(ii)(XIII)  |
| SSI recipient disregard. Disregard income of SSI recipients up to an amount that is the difference between the income standard and the federal benefit rate.   | SSI has no similar disregard.   | Individuals who meet more restrictive requirements than SSI. §1902(f)  |
| Income disregard. Disregard the difference between the former AFDC income standards in effect on 7/16/96 and the income standards for the §1931 group.   | No similar disregard in Title XIX.  | All mandatory and optional categorically needy groups related to AFDC.   |
| Census income disregard. Disregard earned income of temporary census employees who were recipients in Minnesota health care programs on or before March 1, 2000.   | SSI and AFDC have no similar disregard.   | All mandatory and optional categories in the Medicaid State Plan not subject to the limitation on FFP in section 1903(f) of the Act. |

| TN No. <u>2000-26</u>  |               |                  |           |
|------------------------|---------------|------------------|-----------|
| Supersedes             | Approval Date | Effective Date _ | 10/1/2000 |
| TN No. <u>2000 -12</u> |               |                  |           |

Revision:

HCFA-PM-91-4 (BPD)

AUGUST 1991

SUPPLEMENT 8b TO ATTACHMENT 2.6-A

Page 2

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

| State: | MINNESOTA |
|--------|-----------|
|        |           |

## MORE LIBERAL METHODS OF TREATING RESOURCES UNDER § 1902(r)(2) OF THE ACT

| POLICY  | HOW POLICY IS MORE LIBERAL  | GROUPS TO WHICH POLICY IS APPLIED  |
|---|---|--|
| Spouse Asset Exclusion: In step two; Do not count or deem assets of the ineligible spouse to the disabled person.   | SSI deems assets of the ineligible spouse to the disabled applicant or recipient. | Working Disabled Buy In: §1902(a)(10)(A)(ii)(XIII): TWWIIA Basic Coverage Group. §1902(a)(10)(A)(ii)(XV).  |
| Retirement/Medical Benefits Exclusion: In step two, Exclude the following assets of the employed disabled person: retirement accounts including individual accounts, 401(k) plans, 403(b) plans, Keogh plans, pension plans, and medical expense accounts through the employer. | SSI has no similar exclusions.  | Working Disabled Buy In. §1902(a)(10)(A)(ii)(XIII):  TWWIIA Basic Coverage Group. §1902(a)(10)(A)(ii)(XV). |
| Additional Property Exclusion: In step two, exclude \$18,000 in nonexcluded assets:   | SSI excludes \$2,000 in nonexcluded assets for an individual.                     | Working Disabled Buy In. §1902(a)(10)(A)(ii)(XIII).  |

| TN No. <u>00-26</u> |               |                       |
|---------------------|---------------|-----------------------|
| Supersedes          | Approval Date | Effective Date10/1/00 |
| TN No. 99-07        |               | HCFA ID: 7985E        |